

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10/2/05</u>		2 Serial/Patent # <u>10/524584</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>			\$ <u>100.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
7 TOTAL AMOUNT OF REFUND			\$ <u>100.00</u>	
8 TO BE REFUNDED BY: <u>CC</u>				
10 REASON:		<input checked="" type="checkbox"/> Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	9 <u>23--0975</u>		
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>		
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>		
OFFICE: <u>DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: